# Information Update Regarding Bed Management: LIPOS, NVMHI, and CSU December 20, 2012

In an effort to manage regional inpatient resources so they are available throughout the fiscal year, the Regional Utilization Review and Consultation Team (RUG) reviews and modifies admission criteria for LIPOS, NVMHI, and CSUs on an as needed basis. Consistent with our mission of using least restrictive community resources, long-term inpatient psychiatric care is not available in our region. The below admission criteria reflect the decisions made by RUG.

#### **Definitions:**

- Insured consumers are those who have Medicaid, Medicare, and/or commercial insurance.
- Level I consumers are those who have high acuity/low complexity needs and require acute stabilization
- Level II consumers are those who have high acuity/high complexity needs and require intensive care

## **NVMHI Admissions of Uninsured Person:**

- Uninsured consumers will be referred to NVMHI. Admission to a private hospital using LIPOS funds will only occur if no beds are available at NVMHI.
- Uninsured consumer with Level II inpatient clinical needs will be given priority admission to NVMHI over an uninsured consumer with Level I needs.
- Regardless of Level, a consumer must be medically cleared by NVMHI before an admission can occur.

## **NVMHI TDOs/Post-hearing Admissions:**

- TDOs are admitted to NVMHI only after all regional hospitals, including Snowden Hospital and Spotsylvania Regional Medical Center, have denied admission.
- Post hearing, CSBs will search for CMA or commitment beds in private hospitals for consumers with insurance. All regional hospitals, including Snowden Hospital and Spotsylvania Regional Medical Center, must be contacted before NVMHI can be considered for an insured person. Efforts to place persons in other private hospitals statewide are encouraged if feasible.
- Level II uninsured consumers who are post-hearing will be admitted to NVMHI. Admission to a private hospital using LIPOS will only occur if no beds are available at NVMHI. Following designation of LIPOS funding for post-hearing placement, Emergency staff may continue to make efforts for transfer to NVMHI for 24 hours following TDO. After that time, Emergency staff will turn over the transfer process to the CSB Discharge Planner.
- Level I uninsured consumers who are post-hearing may stay at the hospital where they were detained or be transferred to NVMHI; an individual who may complete their treatment episode quickly may be better served by remaining at the detention hospital

## **NVMHI Voluntary Admission of Insured Person:**

- A voluntary admission with insurance will be directed to a private hospital.
- Exception: After regional private hospitals, including Snowden Hospital and Spotsylvania Regional Medical Center, have denied admission, an insured voluntary consumer may be admitted to NVMHI but only with CSB Emergency Manager approval. The Emergency Manager will notify NMVHI of their approval.

### **NVMHI Transfers:**

- Consumers who are recommended for transfer from a private hospital to NVMHI will continue to receive active treatment in the private hospital up until their transfer to NVMHI
- Transfers of Level II consumers are likely to occur because of their complex needs.
- Transfers of Level I consumers are not expected because their needs are less complex
- Referral for transfer from a LIPOS hospital to NVMHI occurs after the CSB Discharge Planner determines that the transfer is clinically necessary and directly communicates that decision to NVMHI.

- Exceptions can be made in unusual circumstances as follows: CSB Emergency Manager has determined the need for transfer at the time of the LIPOS admission and has directly communicated that decision to NVMHI, the CSB Discharge Planners, and the Regional Projects Office
- Transfers of insured consumers from a private hospital to NVMHI will only occur after regional review. Regional review involves participation by one person from each of the following: 1) NVMHI, 2) CSB, and 3) Regional Office. If one of those parties is not available, then the review defaults to two parties. This review will occur within 24-48 hours of paperwork (identified below) being submitted to NVMHI and the Regional Office. If this review results in a finding that a transfer to NVMHI is needed, the CSB will provide that update to the hospital. The consumer will be transferred to NVMHI or put on the Ready for Transfer List on the date of that review. Contact the Regional Office at 703 449-6303 to initiate the Regional Admissions Committee review process.
- Records needed for transfers to NVMHI:
  - o CSB Prescreening Form
  - Medical History & Physical Exam
  - o CBC
  - Urinalysis
  - o Comprehensive Metabolic Panel
  - Urine Drug Screen
  - o Blood Alcohol Level
  - Medication Administration Record
  - o Admission Psychiatric Assessment
  - Psychiatry Progress Notes
  - Nursing Progress Notes
  - The following (if performed)
    - o CIWA
    - o Radiological Studies
    - o Result of PPD
    - o List of Vaccines given
    - o Consultation Reports/Notes
- Transfers from a private hospital to NVMHI must include a sufficient exchange of verbal and written communication so that clinical/medical information is clear prior to NVMHI admission
- If insurance is exhausted during the course of private inpatient treatment, the consumer's treatment remains the responsibility of the admitting hospital. Consumers who are uninsured and admitted directly to a hospital without CSB involvement continue to be the responsibility of the admitting private hospital. An exception can be made only with the approval of the CSB Aftercare Manager.

## **CSU Admissions:**

- Insured consumers at NVMHI may be admitted to any of our regional CSUs (stepdown admissions).
- Consumers can simultaneously be put in a LIPOS or NVMHI bed AND be put on the CSU referral list (so they can be moved to a CSU as soon as a bed becomes available)

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